

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000152515

Entity Name: COA HOME CARE, LLC

Current Principal Place of Business:

336 N WOODLAND BLVD
DELAND, FL 32720

Current Mailing Address:

336 N WOODLAND BLVD
DELAND, FL 32720

FEI Number: 80-0873338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES INC
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name COUNCIL ON AGING OF VOLUSIA COUNTY INC
Address PO BOX 671
City-State-Zip: DAYTONA BEACH FL 32115-0671

Title PRESIDENT
Name TUCKER, RICHARD
Address 5510 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP
Name LYNN, DAVID
Address P. O. BOX 2851
City-State-Zip: DAYTONA BEACH FL 32120

Title TREASURER
Name MOCK, SHARON
Address 970 N. HALIFAX DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY
Name GURTIS, AIMEE
Address 76 N. ST. ANDREWS DRIVE
City-State-Zip: ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN D. WARREN

CFO

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date